on Book Sounds a proposition for Sound in March 1997	, seminger and a major particle of the	See I mengina a researcher a serv	Charles and the section of the secti
PLACE OF BIRTH	_	:	
1. County of Mila	ARIZON	A STATE BO	OARD OF HEALTH
District of	,	W. OIA.L D.	DAND OF HEALIN
\sim		ITAL STATISTICS	State Index No
Town of Julanu	ORIGINAL CERT	FICATE OF BIRTH	County Registrar No.
or			Local Registrar No.
City of	(If hirth occurred in a	possital or institution of	ive its NAME instead of street and num
Was as a	+ 1 2 . O.	A 75 A	i If child is not me
2: Pull name of child			supplemental report, as direct
To be answered DNLY in event of plural	4. Swittlemmelot er	her 6. Legitimat	7. Date (\), \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Temale births.	5. No., in order of bi	rth 3 Mls	of birth O 10
8. PATHER		14.	MOTHER
Full name	in to	Full maiden name	J. H.
the sign	rove		ricepcion visen
9. Residence (Usikal place of abode)	Mani-	15. Residence (Usual place or	(abode) Miami
(Unital place of shode) If nenresident, give place and state	Q110.	If nonresident, giv	- 7
10. Color or race		16. Color or race	The same same
i' ~ \(\lambda \) \(\lambda \) \(\lambda \)	าม		U
11. Age at last b	oirthday (Years)	mey.	17. Age at last birthday 2.3 (You
12. Birthplace (city or place)	aco.	18. Birthpince (city or	la line of
(State or country)	MIRN	į.	// ^/
13. Occupation	1000	(State or count	y mejer
Nature of industry		19. Occupation	•
Maria de maustry Maria Ros		Nature of industry	Al
20. Number of children of this mother	Born offers and	. 2	Houseurfe
(Taken as of time of birth of child berein ((b)	Bern alive but now de	rdtheir	e precautions taken against eph- nia neonatorum?
certified and including this child.) (e)	Stillbern		40s
CERTIFICAT	E OF ATTENDING	PHYSICIAN OR M	IDWIFE*
1 ((Berr	alive or stillborn.)	at
When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child in one that neither beather are the still) (1 Y)	1 0 2 - Y	и 10.
should make this return. A stillbern child is one that neither breather nor shows other	Signature		(YPhysician or midwife)
Siven name added from	Address	Mani	- Un ona_
3 supplemental repert	Filed (ex 31 10 23	C. El Dina
Month, day, year.] [_ 10	Lecal Registrar.
Registrar.	Filed	19.2	13/20. TAY
1100	1		County Registrar,